用人单位公益性岗位补贴和社保补贴申请表

补贴申请月份： 年 月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位全称 |  | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 经办人 |  | | | | | | 移动电话 | | | | | |  | | | | | |
| 银行信息 | 开户银行 | | | | | |  | | | | | | | | | | | |
| 银行户名 | | | | | |  | | | | | | | | | | | |
| 银行账号 | | | | | |  | | | | | | | | | | | |
| 本次申请享受社公益性岗位补贴和社保补贴人数 | 共申请享受公益性岗位补贴和社保补贴 人。 | | | | | | | | | | | | | | | | | |
| 本单位承诺，所填写内容和提供材料真实准确有效，否则承担相应的法律责任。  单位（盖章）  年月日 | | | | | | | | | | | | | | | | | | |

用人单位公益性岗位补贴和社保补贴花名册

申请单位全称（盖章）：补贴申请月份： 年 月

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 公民身份号码 | 合同起止日期 | 备注 |
| 1 |  |  | 年月日  至年月日 |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |